

**Louisiana Housing Authority (LHA)**  
**APPLICATION FOR PROJECT-BASED VOUCHER (PBV) ASSISTANCE**

LHA PERMANENT SUPPORTIVE HOUSING PROJECT-BASED VOUCHER PROGRAM

Owners should fill **out a separate application for each site/project** in which Section 8 PBV assistance is sought. If the project is scattered site, one application may be submitted as long as all impacted addresses are identified clearly in section 1. below. **One original and two copies of the application along with proof of ownership should be submitted.** Please use additional pages to provide any other information that may be necessary. You may attach photographs of the property at your option. Applications not submitted in this format or that are and difficult to review will be returned and not reviewed until submitted as requested.

Date: \_\_\_\_\_  
Applicant Name/ID: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City and Zip Code: \_\_\_\_\_

**I am requesting PBV assistance for \_\_\_\_\_ (number of) units\*. The total number of units in the project is \_\_\_\_\_.**

\*=PBV will not be allocated to more than 50% of units in any building with more than 4 units

**Information on Units/Project**

The units that I am submitting for PBV are: [ ] existing vacant units  
[ ] already under renovation/construction\*, or  
[ ] to be renovated\*  
\*Units must be vacant

- a. Project Address(es) – if all units are in one building, list building address once but include unit numbers if known; if more than one building, specify address(s) for **each building**

Project Name (if applicable) \_\_\_\_\_

Parish: \_\_\_\_\_

☐ Two (2) Bedroom Waiver\* (**For more information, please contact Quadel Housing Services**)

Building:	Complete Building Address(es) including street, unit number, town/city, state, zip:	# of Bedrooms	# of Units Proposed for PBV Assistance*
No.____	_____	_____	_____
No.____	_____	_____	_____
No.____	_____	_____	_____
No.____	_____	_____	_____
No.____	_____	_____	_____
No.____	_____	_____	_____
No.____	_____	_____	_____
No.____	_____	_____	_____

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**Describe Ownership entity (sole owner, partnership, limited liability company, limited partnership, corporation, non-profit organization, etc. – use additional sheet of paper if necessary):**

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**[ ] Attach Proof of Ownership (attach copy of deed, tax bills, articles of organization, etc.)**

**Building Type** [ ] single-family [ ] duplex [ ] town house [ ] multi-family  
[ ] other: specify: \_\_\_\_\_

Date of Original Construction: \_\_\_\_\_

Proposed Date of Project Completion (i.e., the date that the units will be ready for occupancy): \_\_\_\_\_

b. Indicate below if any other units within the proposed project have another form of federal assistance

- [ ] Low-Income Housing Tax Credits allocated prior to July 1, 2006
- [ ] Section 236 Rental Housing Program
- [ ] 221d FHA Insurance Program for Multi-family or Cooperative Housing
- [ ] Section 202 Supportive Housing for the Elderly
- [ ] Section 811 Supportive Housing for Disabled Persons
- [ ] HOME Investment Partnership Program
- [ ] Housing Stabilization Funds (list continues on next page)
- [ ] Community Development Block Grant funds
- [ ] HUD-insured or co-insured mortgages
- [ ] Federal Home Loan Bank housing program funds
- [ ] Tenant-based or Project-based Section 8 Housing Choice Vouchers
- [ ] Other federal, state or local subsidized housing program
- [ ] Farmers Home Administration
- [ ] Transitional Assistance Program
- [ ] Rapid Rehousing Program
- [ ] Rental Housing Assistance Support Service
- [ ] Louisiana Housing Trust Fund
- [ ] Road Home Small Rental Program
- [ ] Affordable Rental Program
- [ ] other federal or state assistance: \_\_\_\_\_

c. How many units of the total requested for PBV assistance are accessible (describe number and type of accessible features)?

<u>Number</u>	<u>Accessible Features</u>
_____	_____
_____	_____
_____	_____
_____	_____



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**Requested Contract Term:** \_\_\_\_\_ years (if request varies per bldg., attach explanation)

- a. Owner/Project Sponsor must request a minimum term of 3 years up to a maximum term of 15 years, with a potential extension of another 15 years.
- b. Would you be willing to accept an extension of the contract if it were approved by the LHA?  
☐ Yes    ☐ No    If yes, how long would of an extension is acceptable? \_\_\_\_\_

**Community Amenities:**

Distance to:	Less than a 1 1/4 Mile	Between 1 1/4 and 3 miles	More than 3 Miles
Shopping (i.e., groceries, pharmacy, other everyday type of needs)			
Employment opportunities (i.e., organizations with 25 or more employees)			
Public transportation			
Significant Medical facilities (hospital)			
Public schools			
Parks, civic features			

**Unit/Apt. Complex Amenities (if inconsistent from building to building, attach explanation):**

Check all that apply:

- ☐ Units and common areas adapted/adaptable for persons with disabilities
- ☐ Off street parking
- ☐ Laundry facilities
- ☐ Washer/dryer hook-up
- ☐ Porches/decks/personal back yards
- ☐ Children's play areas
- ☐ Recreational facility for adults and children
- ☐ Common area function room(s)
- ☐ Air conditioning
- ☐ Other, please specify:

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**Experience of Owner Entity Owning Rental Housing (check if any apply).**

**[ ] Provide references as an attachment for other rental projects owned:**

- a. ☐ 10 years or more experience owning affordable rental housing  
☐ 1-9 years experience owning affordable rental housing  
☐ 10 years or more experience owning other rental housing  
☐ 1 to 9 years experience owning other rental housing  
☐ Experience owning other rental housing for special needs populations such as elderly or disabled persons. Describe projects and population served:

b. Number of rental units currently owned by Owner: \_\_\_\_\_

**Proposed Management Agent's Experience in Managing and Maintaining Rental Housing (check if any apply):**

**[ ] Provide references as an attachment for management experience**

- a. Proposed Management Agent is: [ ] Owner [ ] Third party  
If third party, enter name, address and phone of management company:

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- b. ☐ 10 years or more experience managing and maintaining affordable rental housing  
☐ 1 to 9 years experience managing and maintaining affordable rental housing  
☐ 10 years or more experience managing and maintaining other rental housing  
☐ 1 to 9 years experience managing and maintaining other rental housing  
☐ 1 Experience of proposed management agent in managing rental housing for special needs populations such as the elderly, disabled, etc. Describe projects and populations served:

**Additional Preference Criteria (check if any apply):**

- [ ] Mission-driven Non-profit Developer/Owner  
[ ] Agree to applicant screening only to extent as allowed by law

**Applicant's Plans for Management and Maintenance of Units**

1. Do you have a written plan for the maintenance of the units\*?  
☐ Yes ☐ No
2. Do you have a written plan for the management of the units\*?  
☐ Yes ☐ No

\*LHA may request documents for review later in evaluation process

3. If applicable, list any supportive service that will be provided to tenants, other than services to be provided under PSH; identify service providers (use additional sheet if needed):

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**Certifications**

I, \_\_\_\_\_, attest and certify that all of the information herein contained is true and accurate to the best of my knowledge. I understand that by submitting this Section 8 Project-Based Voucher (PBV) assistance application, there is no promise or guarantee from the Louisiana Housing Authority (LHA) that my application for PBV assistance will be accepted. I certify that the units proposed for PBV assistance are vacant and that I am not displacing any existing tenant in order to qualify for this program. I understand and agree to abide by the PBV assistance requirements to select eligible tenants for vacant units from referrals made to me by the agents of the LHA. I certify that neither I, nor my partners, are on the U.S. General Services Administration list of parties excluded from Federal procurement and non-procurement programs. I agree to provide information concerning any participant/principal who is not known at the time of this submission to LHA as soon as the principal is known. I further certify that there is no conflict of interest by owner or any of these parties that would be a violation of the PBV Housing Assistance Payments (HAP) contract.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Owner's Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email address of Owner

\_\_\_\_\_  
Owner's Address

\_\_\_\_\_  
Name of Contact

\_\_\_\_\_  
Email address of Contact

\_\_\_\_\_  
Contact Phone Number